

FILED MAR 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8145

STATE FILE NUMBER

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 48

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission)	
a. COUNTY <u>Dunklin</u>		a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWNSHIP <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1721 Bradley</u>		d. STREET ADDRESS (If outside, give location) <u>1721 Bradley St</u>	
3. NAME OF DECEASED (Type or print) <u>Charles Thomas Pierce</u>		4. DATE OF DEATH <u>March 9-1957</u>	
5. SEX <u>Male</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Feb 24-1898</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
13. FATHER'S NAME <u>Nathan Pierce</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ledbetter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-12-9281</u>	
17. INFORMANT <u>Ethel Pierce Kennett, Mo.</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____	
19. WAS AUTOPSY PERFORMED? <u>2</u>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>002X</u>		20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>March, 1955</u> to <u>March 9, 1957</u> and last saw <u>xx</u> him alive on <u>3-8-57</u> Death occurred at <u>6:30</u> P <u>m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Quinton Tarver, M.D.</u> (De signer or title)		22b. ADDRESS <u>Kennett, Mo.</u>	
22c. DATE SIGNED <u>3-11-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremial</u>	
23b. DATE <u>3-11-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	
23d. LOCATION (City, town, or county) <u>Kennett</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Luiz Service Kennett Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-12-1957</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Husband</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300
-56Health,
Welfare
Public Health
Service

LEAF c. I 1000

RECEIVED DUNKLIN COUNTY. H
DEPARTMENT 3-20-
COUNTY FILE NUMBER 35

STATEMENT BY LICENSED EMBALMER

not Embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Edgar Lee Fair*

Licensed Embalmer No. *44*
P. O. Address *Rennet*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.